Division use only - DLN Stamp			Division use only Date Stamp		
		Month	Year		
O THE STATE	Mail with Report to: New Jersey Division of				
State of New Jersey		Due Date:			
		On or before the 25th day			
	Taxation, PO Box 189, Trenton, NJ, 08695-0189	of the month following the report month.			
Pursuant to NJSA 54:39-11et seg	11e11(011, NJ, 06043-0164	report month.			
	_ D.T				
OMF-11 TERMINAL OPERATOR REP	ORI				
FID#	TERMINAL NUMBER				
NAME OF OPERATOR	NAME OF TERMINAL				
ADDRESS - NUMBER & STREET	LOCATION OF TERMINAL				
CITY STATE ZIP CODE	CITY	STATE	ZIP CODE		
	P.C.	P.C.	P.C.		
1. Fuel in Inventory Beginning of Month					
2. Total Fuel Received During the Month					
3. Total Fuel Available (line 1 plus line 2)					
4. Total Fuel Disbursements During the Month					
5. Ending Inventory (line 3 minus line 4)					
6. Total Fuel Accounted for (line 4 plus line 5)					
7. Gain or Loss (line 3 minus line 6)					
8. Actual Physical Ending Inventory					
I declare under penalties provided by the law that all the information contained in this return and in all schedules and state	ments in support of it is true and accu	irate in every particular.			
		-			
Signature of authorized Officer of Taxpayer Title		Date			
Signature of Individual or Firm Preparing Return Federal Identification Number		Date			

Division use only — DLN Stamp								
		×	state o	f New Jer	sey	Month/Year		
OMF-101 Schedule of Terminal Operator Receipts								
			F	Product Code				
Name of Terminal Operator		TCN	Page Number		of			
Carrier FID# 1 2 3 4 5 6 7 8 9 10 11 12 13 14	Carrier	Mode Mode	Date Received I <t< td=""><td>Document Number</td><td>Gross Gallons</td><td>Net Gallons</td></t<>	Document Number	Gross Gallons	Net Gallons		
151617181920TOTAL- Enter the total n If there is more	umber of gallons for each diffe than one page for a product c I enter the result on the last pag	ode add the						

Division use only — DLN Stamp								
OT THE STATE	Ş	State of New Jersey			Month/Year			
OMF-102 Schedule of Terminal Operator Disbursements								
		Pr	oduct Code					
		Des	stination State					
Name of Position Holder	FID#	Page Number		of				
Carrier FID# Carrier	Mode	Date Shipped	Document Number	Gross Gallons	Net Gallons			
2								
3								
4								
5								
6								
7								
8								
9								
10 11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
TOTAL- Enter the total number of gallons for each different product code.								
If there is more than one page for a product code add the amounts for each page and enter the result on the last page.								